

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



**SPDES General Permit for Stormwater Discharges from
Small Municipal Separate Storm Sewers (MS4s), Permit No. GP- 02-02
Municipal Compliance Certification (Submitted with the SWMPAR)**

Section A. Small MS4 Owner/Operator Information		Annual Report for the year ending: March 9, 2005 _____	
SPDES No.: NYR20A346	MS4 Name Town of Kent		
Contact Name: * Kathy Doherty	Contact Title Councilwoman	Phone No.: (845)-225-3943	
Mailing Address:	Street or P.O. Box: P.O. Box 25 Sybil's Crossing	City: Kent Lakes	
	County: Putnam	State: New York	Zip Code: 10512
Is any of this information new or changed since your last certification? (Please circle one answer) <input checked="" type="radio"/> Yes <input type="radio"/> No			

Section B. Watershed and MS4 Partnership Information (Please circle one answer for each question)

1. a) Have you received notification from the Department that you are subject to the special conditions in Part III.B. of the permit ? Yes ☐ No ☒
- b) If you answered yes to 1a), have all necessary changes been made to the Stormwater Management Program (SWMP) to ensure compliance with Part III.B. of the permit? Yes ☐ No ☒ N/A
2. a) Have any new MS4 partnerships developed, where another municipality will be responsible for carrying out a portion of your municipality's SWMP? If yes, please specify the municipality and the activity. Yes ☐ No ☒
- b) Municipality: N / A
- c) Activity: N / A
- d) Has a legally binding intermunicipal agreement been executed? If yes, please include a copy of the agreement as an appendix to the Stormwater Management Program Annual Report (SWMPAR). Yes ☐ No ☒ N/A

Section C. Evaluation of Compliance

1. For each of the six minimum measures listed below, indicate if your program has made steady progress toward full implementation *and* has achieved all measurable goals scheduled to be completed during this reporting period. (Please circle one answer for each question)

	Steady Progress		Goals Achieved	
a) Public education	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
b) Public participation/involvement	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
c) Illicit discharge detection and elimination	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
d) Construction site stormwater runoff control	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
e) Post-construction stormwater management	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
f) Pollution prevention/good housekeeping for municipal operation	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No

2. Does your SWMP cover all areas, automatically and additionally designated, pursuant to 40 CFR 122.32(a), under your jurisdiction? ☒ Yes ☐ No

3. Have adequate resources been allocated to fully implement your SWMP no later than January 8, 2008? Yes ☐ No ☒



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Section D. Explanation of Compliance Evaluation

If you answered No to question 1b in Section B or to any question in Section C, indicate the question number in the small box in the upper left hand corner, and provide a brief explanation, including action being taken to address the problem, in the space provided. With respect to any of the six minimum measures, your attached Stormwater Management Program Annual Report (SWMPAR) must include a detailed explanation of why implementation or compliance is not being achieved and what actions have been taken to ensure compliance with each minimum measure. Indicate where this explanation can be found in the SWMPAR. If necessary, attach extra sheets following the same format.

Question #	Explanation

Section E. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print Name: Bill Tulipane Title: Town Supervisor

Signature: _____ Date: _____

The MCC form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in Part VI.I.2. of the permit. Send two completed **hard copies** (an original and a photocopy) of this form, the following SWMPAR Minimum Measures and the other reporting requirements to the DEC Central Office (MS4 Permit Coordinator, 625 Broadway, Division of Water - 4th Floor, Albany, NY 12233-3505).